Date of Deposit: October 24, 2003

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Guy Beardsley
Printed name of person mailing correspondence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)		
Attorney Docket Number	50316/010001	
Applicant	Armin Schorer	
Title	SPATULA DEVICE FOR PERFORMANCE OF LARYNGOSCOPICAL TREATMENT	
PRIORITY INFORMATION:		
SMALL ENTITY STATUS:		
■ Applicant claims small entity sta	atus under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:		
Cover sheet	tani. Upgar	[1] pages
Specification		[7] pages
Claims		[1] pages
Abstract		[1] pages
Drawings (Figs. 1-2)		[1] sheets
Combined Declaration and Power of Attorney, which is:		[2] pages
■ Unsigned;		
□ Newly signed for this application;		
□ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		
Sequence Statement		[**] pages
Sequence Listing on Paper		[**] pages
Sequence Listing on Diskette		[**] disk
Preliminary Amendment		[**] pages
Information Disclosure Statement		[**] pages
Form PTO 1449		[**] pages
Cited References		[**] references
Recordation Form Cover Sheet and Assignment		[**] pages
English Translation		[**] pages



Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
A Small Entity Statement	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: 12 - 20 x \$9	\$0
Excess Independent Claims Fee: 1 - 3 x \$42	\$0
Multiple Dependent Claims Fee: \$140	\$0
Total Fees:	\$0

- Enclosed is a check for \$375.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- ☑ Please apply any other charges or any credits to Deposit Account No. 03-2095.

CORRESPONDENCE ADDRESS:

Kristina Bieker-Brady, Ph.D.

Reg. No. 39,109 Clark & Elbing LLP 101 Federal Street Boston, MA 02110

Telephone: 617-428-0200 Facsimile: 617-428-7045

CUSTOMER NO.: 21559

Signature

1/20/14/14/1003 Date